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FEC FORM 2 STATEMENT OF CANDIDACY

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(a) Name of Candidate (in full)										
Hirono, Mazie, , Mrs.,										
(b) Address (number and street) PO Box 677	☐ Check if address changed			2. Candidate's FEC Identification Number S2HI00106						
(c) City, State, and ZIP Code					3. Is This		New			Amended
Honolulu		HI	96809)	Statem	nent	(N)	OR	×	(A)
Party Affiliation	5. Office Sought			6. State & Dis	trict of Candic	late				
DEMOCRATIC PARTY	Senate			Н						
DE	ESIGNATION OF	PRINC	IPAL	CAMPAIG	N COMMI	TTEE				
7. I hereby designate the following na	med political committee	as my Pr	incipal C	ampaign Com	mittee for the	2018 (year of e		election(s).	
NOTE: This designation should be	filed with the appropriat	e office lis	sted in th	e instructions.						
(a) Name of Committee (in full)										
Friends of Mazie Hi	rono									
(b) Address (number and street) PO Box 677			 .							
(c) City, State, and ZIP Code										
Honolulu				н	96809					
I hereby authorize the following nan- candidacy. NOTE: This designation should be f (a) Name of Committee (in full)										
Cantwell-Hirono Vic	stony Eund									
Cantwell-I lifond vic	lory rund									
(b) Address (number and street) 119 1st Avenue South	· <u>, , , , , , , , , , , , , , , , , , ,</u>									
Suite 320										
(c) City, State, and ZIP Code						_				
Seattle				WA	98104					
I certify that I have exa	nmined this Statement a	nd to the	best of n	ny knowledge a	and belief it is	true, corre	ect and c	complete		
Signature of Candidate					Date					.
Hirono, Mazie, , Mrs.,					11/16/201	7				
Muzi Hi	ino				11/10/201	· •				
NOTE: Submission of false, erroneous,	, or incomplete information	tion may s	ubject th	e person signir	ng this Statem	nent to per	nalties of	f 2 U.S.C	. §437	7 g.
NOTE: Submission of false, erroneous	, or incomplete informat	tion may s	ubject th	e person signir	ng this Statem	nent to per	nalties of	f 2 U.S.C	. §437	7 g.
NOTE: Submission of false, erroneous	, or incomplete informat	ion may s	ubject th	e person signir	ng this Statem	nent to per	nalties of	f 2 U.S.C	. §437	7 g.

FEC Form 2S (Revised 02/2017)

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Optional Supplemental Page for Designation of Additional Authorized Committees

Page	2	of	2
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DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full) Justice 2018								
	(b) Address (number and street) 918 Pennsylvania Ave SE								
	(c) City, State, and ZIP Code								
	Washington DC 20003								
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								

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DANA K. MACCALLUM SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232

United States Senate

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WASHINGTION, DC 20510-7116 PHONE(202) 224-0322

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